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APPLICANTS  
 John David Melius, Waldorf, MD;

\*\* CONTINUING DATA \*\*\*\*\* 83 11-f04  
 This application claims benefit of 60/265518 02/02/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* 90 11-1-04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *90 11-1-04* Initials

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TITLE  
 Ergonomic swim fin apparatus

FILING FEE  RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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